

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022 , and ending , 20																					
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td>Address change</td> <td rowspan="2" style="width: 50%;">C Name of organization SHORELINE COMMUNITY SERVICES</td> <td rowspan="2" style="width: 15%;">D Employer identification number 47-4016591</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td>Doing business as</td> <td rowspan="2">E Telephone number 858-900-7024</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final return/ terminated</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1004 CHALCEDONY ST</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td>City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92109</td> <td rowspan="2">G Gross receipts \$ 228,638</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td>F Name and address of principal officer: SEE ATTACHMENT #1</td> </tr> </table>	<input checked="" type="checkbox"/>	Address change	C Name of organization SHORELINE COMMUNITY SERVICES	D Employer identification number 47-4016591	<input type="checkbox"/>	Name change	<input type="checkbox"/>	Initial return	Doing business as	E Telephone number 858-900-7024	<input type="checkbox"/>	Final return/ terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1004 CHALCEDONY ST	<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92109	G Gross receipts \$ 228,638	<input type="checkbox"/>	Application pending	F Name and address of principal officer: SEE ATTACHMENT #1
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																					
J Website: SHORELINECS.ORG																					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																					
L Year of formation: 2015 M State of legal domicile: CA																					
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
H(c) Group exemption number																					

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE SEEK TO CREATE A THRIVING, SAFE, AND WELCOMING NEIGHBORHOOD FOR EVERYONE. THE CURRENT FOCUS IS TO ADDRESS THE NEEDS OF UNSHELTERED INDIVIDUALS/FAMILIES IN THE CENTRAL BEACH AREA OF SAN DIEGO.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		218,024
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,103
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,924
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		72,174
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	13,521	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,427	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		155,601	
19	Revenue less expenses. Subtract line 18 from line 12		58,323	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	70,670	151,673
	22	Net assets or fund balances. Subtract line 21 from line 20	70,670	151,673

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer	Date		
	CONSTANCE BIEWER	TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SCOTT SENFT			P01805521
	Firm's name	Firm's EIN		
	HRB TAX GROUP INC	431871840		
Firm's address	Phone no.			
5222 BALBOA AVE	(858) 279-1780			
SAN DIEGO CA 92117				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

WE SEEK TO CREATE A THRIVING, SAFE, & WELCOMING NEIGHBORHOOD FOR EVERYONE. THE CURRENT FOCUS IS TO ADDRESS THE NEEDS OF UNSHELTERED INDIVIDUALS/FAMILIES IN THE CENTRAL BEACH AREA VIA THE COMPASS STATION, VOLUNTEER OUTREACH, MEDICAL RESPITE CARE & MEAL SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 66,833 including grants of \$) (Revenue \$) SEE ATTACHMENT #2

4b (Code:) (Expenses \$ 20,030 including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ 10,571 including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,504 including grants of \$) (Revenue \$)

4e Total program service expenses 101,938

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding various organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . N/A.		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? N/A		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? N/A		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? N/A.		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		X
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? N/A		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		X
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7b (governance questions), 8a-8b (documentation), and 9 (mailing address).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest), 13-14 (whistleblower and document retention), 15a-15b (compensation review), 16a-16b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG ROBERTS PRESIDENT	0.50	X		X				0	0	0
(2) HOPE ANDERSON TREASURER	2.25	X		X				0	0	0
(3) ALAN SHERMAN SECRETARY	1.00	X		X				0	0	0
(4) JULIE LAVERDIERE DIRECTOR	1.00	X						0	0	0
(5) C ENGELBRECHT DIRECTOR	1.00	X						0	0	0
(6) ELLEN CITRANO DIRECTOR	2.00	X						0	0	0
(7) BRUCE ENGELBERT DIRECTOR	2.00	X						0	0	0
(8) BETH RHODES DIRECTOR (RETIRED)	0.00	X						0	0	0
(9) CARYN BLANTON EXECUTIVE DIRECTOR	40.00					X	62,400	0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b	Subtotal							62,400		
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							62,400		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	13,925				
	d Related organizations	1d					
	e Government grants (contributions) ..	1e	13,897				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	190,202				
	g Noncash contributions included in lines 1a-1f.	1g \$	66,701				
	h Total. Add lines 1a-1f		218,024				
Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		7b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 13,925 of contributions reported on line 1c). See Part IV, line 18	8a	10,666				
		b Less: direct expenses	8b	14,714			
c Net income or (loss) from fundraising events			-4,048				
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a STOCK COMMISSION FEES			-55			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			-55				
12 Total revenue. See instructions			213,924				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	65,961	42,041	11,960	11,960
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	461	285	88	88
10 Payroll taxes	5,752	3,728	1,012	1,012
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,088		1,088	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	553	25	67	461
13 Office expenses	2,828	2,386	442	
14 Information technology	786		786	
15 Royalties				
16 Occupancy	42,935	38,075	4,860	
17 Travel	7,361	6,889	472	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	79		79	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,828	4,650	277	
23 Insurance	3,178	2,578	600	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER TRAINING	1,989	1,623	366	
b HYGIENE, CLOTHING, & SUPPLIES	15,000	15,000		
c FOOD	1,868	1,868		
d DOCUMENT FEES	854	854		
e All other expenses	80	80		
25 Total functional expenses. Add lines 1 through 24e	155,601	120,082	22,097	13,521
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash -- non-interest-bearing	54,730	1	54,946
	2 Savings and temporary cash investments		2	50,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,326		
	b Less: accumulated depreciation	10b 6,599	15,940	10c 46,727
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		70,670	16	151,673
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.		0	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		70,670	31
32 Total net assets or fund balances		70,670	32	151,673
33 Total liabilities and net assets/fund balances		70,670	33	151,673

Part XI Reconciliation of Net Assets

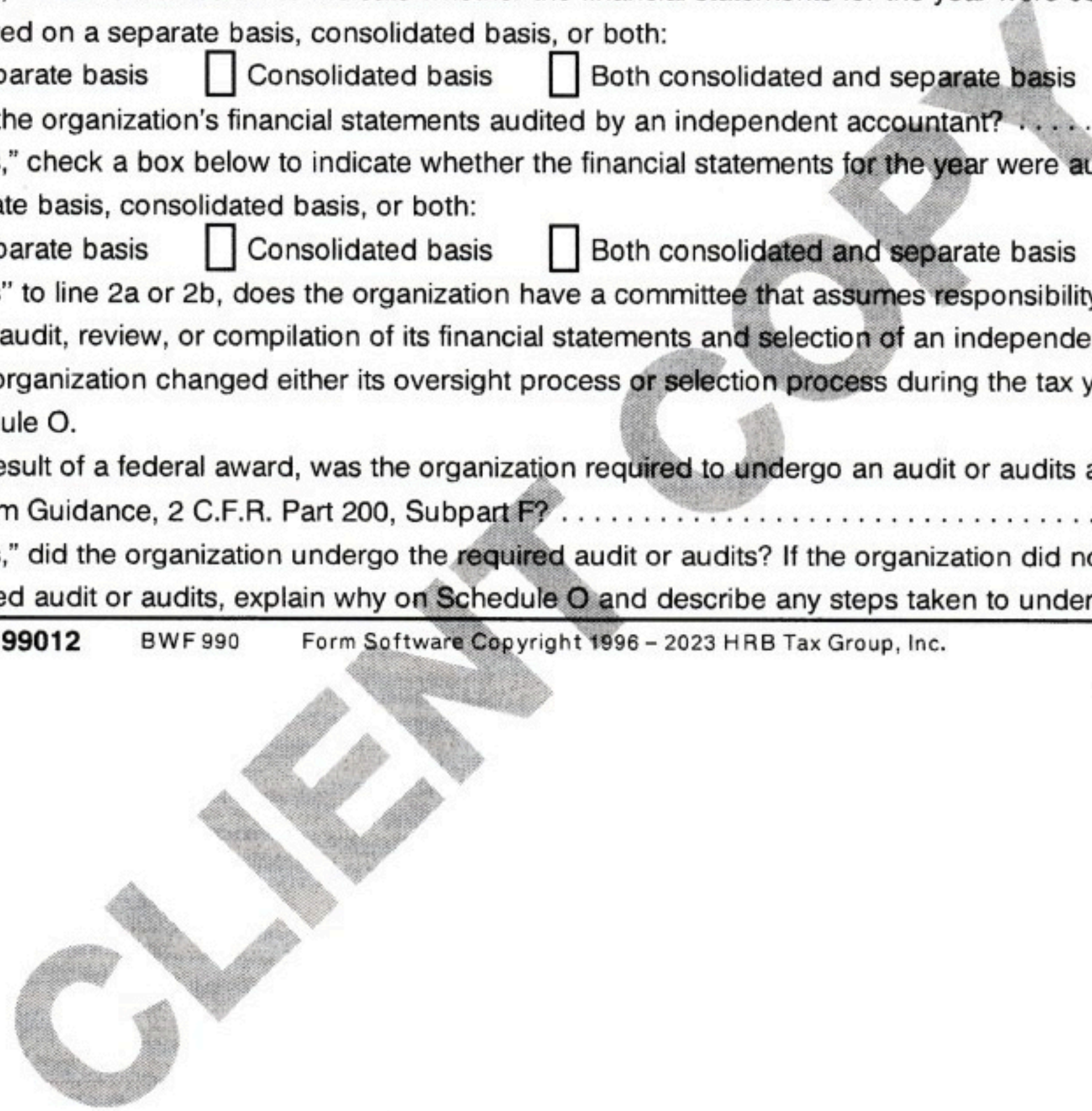
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	213,924
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,601
3	Revenue less expenses. Subtract line 2 from line 1	3	58,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,670
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	22,680
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,673

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits N/A.		



SCHEDULE A
(Form 990)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **SHORELINE COMMUNITY SERVICES** Employer identification number: **47-4016591**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12	12,594	49,839	75,318	218,024	355,787
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12	12,594	49,839	75,318	218,024	355,787
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						60,220
6 Public support. Subtract line 5 from line 4						295,567

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12	12,594	49,839	75,318	218,024	355,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1	1	3	3	8
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						355,795
12 Gross receipts from related activities, etc. (see instructions)					12	355,795
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	83.07%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test -- 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test -- 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test -- 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test -- 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SHORELINE COMMUNITY SERVICES Employer identification number 47-4016591

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	35,615		1,385	34,230
d Equipment				
e Other	17,711		5,313	12,398
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				46,628

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines for providing supplemental information.

SCHEDULE G
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SHORELINE COMMUNITY SERVICES

Employer identification number
47-4016591

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 KICKBALL T (event type)	(b) Event #2 SUMMER ESC (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	6,661	17,930	24,591
	2	Less: Contributions	2,660	11,265	13,925
	3	Gross income (line 1 minus line 2)	4,001	6,665	10,666
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,660	9,850	12,510
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	468	1,736	2,204
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-4,048

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	_____	%
b	An outside facility	13b	_____	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year _____ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SHORELINE COMMUNITY SERVICES

Employer identification number
47-4016591

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art -- Works of art				
2 Art -- Historical treasures				
3 Art -- Fractional interests				
4 Books and publications				
5 Clothing and household goods	x		12,295	RECEIPTS & FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities -- Publicly traded	x	1	6,281	BROKER'S STMT
10 Securities -- Closely held stock				
11 Securities -- Partnership, LLC, or trust interests				
12 Securities -- Miscellaneous				
13 Qualified conservation contribution -- Historic structures				
14 Qualified conservation contribution -- Other				
15 Real estate -- Residential				
16 Real estate -- Commercial				
17 Real estate -- Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other (SEE ATTACHMENT #5)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

SHORELINE COMMUNITY SERVICES

Employer identification number

47-4016591

PART VI LINE 11B - FORM 990 AND ALL ACCOMPANYING SCHEDULES ARE SENT TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO MAILING THE RETURN.

PART VI LINE 12A - THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. MINIMALLY, ONCE A YEAR, ALL BOARD MEMBERS ARE ASKED TO REVIEW THE POLICY. THE MEMBERS RESPOND, IN WRITING, THAT THEY HAVE REVIEWED THE POLICY AND REPORT ANY CONFLICT OF INTEREST. FOR 2022, ALL BOARD MEMBERS ACKNOWLEDGED THEIR REVIEW OF THE POLICY AND DID NOT REPORT ANY CONFLICTS.

PART VI LINE 15B - THE PERSONNEL COMMITTEE (PC) AND EXECUTIVE DIRECTOR (ED) COLLABORATE TO ESTABLISH PERFORMANCE OBJECTIVES FOR THE YEAR. DURING THE YEAR, OBJECTIVES MAY BE REVIEWED AND ADJUSTED, AS NECESSARY. TOWARDS THE YEAR END, THE PC: (1) EVALUATES THE ED'S PERFORMANCE TO THE OBJECTIVES, (2) CONSIDERS EQUIVALENT SALARIES AND COST OF LIVING WITHIN THE INDUSTRY AND THE GEOGRAPHIC AREA, AND (3) RECOMMENDS A COMPENSATION TO THE BOARD. THE PC PRESENTS THEIR FINDING TO THE BOARD FOR DISCUSSION AND FINAL APPROVAL.

PART VI LINE 19 - THE ORGANIZATION'S WEBSITE OFFERS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST. THE ORGANIZATION SUBMITS THIS TYPE OF INFORMATION IN VARIOUS GRANT SUBMISSIONS THROUGHOUT THE YEAR. WE HAVE NOT BEEN ASKED FOR THESE DOCUMENTS BY A MEMBER OF THE PUBLIC. WHEN ASKED, THERE MAY BE A REQUEST FOR NOMINAL FEES TO COVER PRINTING AND MAILING COSTS.

PART IX LINE 9 - THE OTHER EMPLOYEE BENEFIT RECORDED IS FOR WORKERS COMPENSATION.

PART XI LINE 6 - THE AMOUNT OF \$22,680 IS FOR OUR IN-KIND RENT DONATION FOR 9 MONTHS IN 2022. SHORELINE RECORDED AN IN-KIND DONATION REVENUE ITEM AND AN EXPENSE IN ITS BOOKS. HOWEVER, PER IRS INSTRUCTIONS, THIS SHOULD NOT BE SHOWN AS A REVENUE ITEM IN THE RETURN.

PART VII LINE 9 COL D - SALARY WAS REPORTED FOR ALL OF 2022. SHORELINE IS ON CASH BASIS. FINAL PAYMENT FOR 2022 WAS NOT DEBITED FROM BANK UNTIL EARLY JANUARY 2023.

PART IX LINE 5 COL A - SALARY WAS REPORTED FOR ALL OF 2022. SHORELINE IS ON CASH BASIS. FINAL PAYMENT FOR 2022 WAS NOT DEBITED FROM BANK UNTIL EARLY JANUARY 2023.

2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION For calendar year 2022, or tax period beginning , and ending

Name of Organization SHORELINE COMMUNITY SERVICES Employer Identification Number 47-4016591

990, Page 1, Line F

Principal officer name CRAIG ROBERTSON

or

Business Name:

Street Address 3719 FLORIDA ST APT 4

U.S. Address:

Zip code 92104 City SAN DIEGO State CA

or

Foreign Address

City

Province or State

Country

Postal code

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2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

SHORELINE COMMUNITY SERVICES

Employer Identification Number

47-4016591

Part III - Statement of Program Service Accomplishments

Code: Expenses: 66,833 including Grants of: Revenue:

Exempt Purpose Achievements

THE COMPASS STATION: A DROP-IN RESOURCE CENTER WHERE UNHOUSED NEIGHBORS CAN GET THE SERVICES THEY NEED TO BEGIN THEIR JOURNEY OFF THE STREET. OUR AIM IS TO FOCUS ON LONG-TERM SOLUTIONS SUCH AS HOUSING, JOB TRAINING AND PLACEMENT, LIFE SKILLS, AND HEALTH AND WELLNESS. FROM JUNE (OPENING) THROUGH DECEMBER 2022, WE SERVED OVER 3,372 GUESTS. THEY RECEIVED ACCESS TO BENEFITS, DOCUMENT RECOVERY, SHOWERS, LAUNDRY, MAIL ACCEPTANCE, SUBSTANCE USE PROGRAMS, MENTAL/BEHAVIORAL HEALTH SERVICES, MEDICAL CARE AND HOUSING OPPORTUNITIES. THE PROGRAM EXPENSES OF \$66,833 SHOWN ABOVE FOR THE COMPASS STATION, DOES NOT INCLUDE RENT OF \$18,144. CHRIST LUTHERAN CHURCH CONTRIBUTED AN IN-KIND DONATION OF THE RENT WHICH AMOUNTS TO \$22,680 FOR THE LAST 9 MONTHS OF 2022. THE IN-KIND RENT DONATION HAS BEEN APPORTIONED AS 20% TO ADMINISTRATIVE (\$4,536) AND 80% TO THE COMPASS STATION (\$18,144).

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2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

Employer Identification Number

SHORELINE COMMUNITY SERVICES

47-4016591

Part III - Statement of Program Service Accomplishments

Code: Expenses: 20,030 including Grants of: Revenue:

Exempt Purpose Achievements

VOLUNTEER COMMUNITY OUTREACH: THE TRAINED VOLUNTEER OUTREACH TEAM GOES INTO THE COMMUNITY IN OUR SCS VAN TO BUILD RELATIONSHIPS, TRUST AND SUPPORT. THIS IS A CRUCIAL PIECE OF OUR WORK INTENDED TO INCREASE THE POSSIBILITY THAT UNSHELTERED NEIGHBORS WILL ACCESS NEEDED RESOURCES AND SERVICES TO MOVE OFF THE STREET. FROM JUNE THROUGH DECEMBER 2022, THE TEAM MADE 803 ENGAGEMENTS.

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2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

SHORELINE COMMUNITY SERVICES

Employer Identification Number

47-4016591

Part III - Statement of Program Service Accomplishments

Code: Expenses: 10,571 including Grants of: Revenue:

Exempt Purpose Achievements

MEDICAL RESPITE: MEDICALLY FRAGILE PEOPLE BEING RELEASED FROM A HOSPITAL STAY OR AN EMERGENCY ROOM INCIDENT ARE GIVEN TIME TO RECOVER IN A HOTEL ROOM INSTEAD OF BEING TURNED BACK TO THE STREET. GUESTS ARE OFFERED SUPPORTIVE SERVICES THROUGH OUR COMMUNITY PARTNERS TO ENSURE INDIVIDUAL NEEDS ARE ASSESSED AND ADDRESSED. TEN HOTEL ROOMS WERE PROVIDED FROM JUNE THROUGH DECEMBER 2022.

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2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

SHORELINE COMMUNITY SERVICES

Employer Identification Number

47-4016591

Part III - Statement of Program Service Accomplishments

Code: Expenses: 4,504 including Grants of: Revenue:

Exempt Purpose Achievements

MEAL SERVICES. THE ORGANIZATION PROVIDES AT LEAST ONE MEAL SERVICE A MONTH FOR UNSHELTERED AND LOW INCOME INDIVIDUALS AND FAMILIES WITHIN OUR COMMUNITY.

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2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

SHORELINE COMMUNITY SERVICES

Employer Identification Number

47-4016591

Part VI - Line 20

Individual Name CARYN BLANTON

or

Business Name:

Street Address 1004 CHALCEDONY ST

U.S. Address:

Zip code 92109

City SAN DIEGO

State CA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (858) 900-7024

Fax Number

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2022 FORM 990 PAGE 10, ALL OTHER EXPENSES

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC
INSPECTION

For calendar year 2022 or tax period beginning , and ending .

Name of Organization

SHORELINE COMMUNITY SERVICES

Employer Identification Number

47-4016591

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
OTHER EXPENSES	80	80		
Total:	80	80		

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2022 FORM 990 SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

ATTACHMENT 5: SCH M, PART I - TYPES OF PROPERTY

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization
SHORELINE COMMUNITY SERVICES

Employer Identification Number
47-4016591

Part I Other Types of Property				
Description	(a) Check If Applicable	(b) Number of Contributions	(c) Revenues Reported on Form 990 Part VIII, Line 1g	(d) Method of Determining Revenues
RAFFLE/PRIZE ITEMS	X	44	12,510	RECEIPT/FMV
LEASEHOLD IMPROVEMENT	X	1	35,615	INVOICE RECEIPT

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Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: SHORELINE COMMUNITY SERVICES, FOR FORM 990, 47-4016591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include: Line number, Description, (b) Cost (busn. use only), (c) Elected cost, and other calculation fields.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Columns include: Line number, Description, and calculation fields.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Columns include: Line number, Description, and calculation fields.

Section B -- Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C -- Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Basis for depr., (c) Recovery period, (d) Convention, (e) Method, (f) Depreciation deduction. Rows include 12-year, 30-year, and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Columns include: Line number, Description, and calculation fields. Values: 21 3,542; 22 4,828; 23

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: OUTREACH V07-01-2021 100.0% 17,711 17,711 05 SLHY 3,542 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,542 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 12000 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 12000 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2022 tax year (see instructions): 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

2022 AUTO EXPENSE WORKSHEET

SHORELINE COMMUNITY SERVICES
47-4016591

Keep for Your Records

VEHICLE INFORMATION

- | | | |
|--|------------------------|--|
| 1. Vehicle description | 1. <u>OUTREACH VAN</u> | |
| 2. Carried to form or schedule | 2. <u>FORM 990</u> | |
| 3. Date vehicle was placed in service | 3. <u>07-01-2021</u> | |
| 4. Odometer beginning mileage _____ ending mileage _____ | | |

CALCULATION OF BUSINESS USE PERCENTAGES

- | | | |
|--|-----|-----------------|
| 5. Total business mileage driven during the year | 5. | <u>12,000</u> |
| 6. Total commuting mileage driven during the year | 6. | |
| 7. Total other personal mileage driven during the year | 7. | |
| 8. Total mileage driven during the year | 8. | <u>12,000</u> |
| 9. Business use percentage (line 5 divided by line 8) | *9. | <u>100.00 %</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls	_____		10. _____
11. Gasoline and oil	_____ x Line 9		11. _____
12. Repairs	_____ x Line 9		12. _____
13. Licensing fees	_____ x Line 9		13. _____
14. Registration fees	_____ x Line 9		14. _____
15. Insurance	_____ x Line 9		15. _____
16. Other expenses	_____ x Line 9		16. _____
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)			17. _____
18. Property tax (carries to taxes line of form on line 2)	_____ x Line 9		18. _____
19. Interest expense (carries to interest expense line of form on line 2)	_____ x Line 9		19. _____
20. Lease payments	_____ x Line 9		20. _____
21. Inclusion amount	_____ x Line 9		21. _____
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)			22. _____
23. Section 179 expense deduction			*23. _____
24. Special depreciation allowance			**24. _____
25. Current depreciation expense			**25. <u>3,542</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)			26. <u>3,542</u>
27. Value of employer-provided vehicle	_____ x Line 9		27. _____
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)			28. <u>3,542</u>

* Not subject to business use percentage.
** Already adjusted for business use percentage.

